FILED Apr 25, 2006 8:00 am Secretary of State

1	ANNUAL REPORT	17
	NUMBER # DOEGOGGGGG	Г

Country Coun	ANNUAL REPORT							Jeer en	ıı y	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110			
Sullis, Agit #, etc.	1.◆Entity Name								90111 0	04 ***150	0.00			
Signary Research Signary Signa	Principal Plac	e of Business	Mailing Address		_		4 O O A	,						
Suries, Apt. 4, otic. City & State City &	5364 YERKE	S STREET	5364 YERKES STREET			1 (0.6 (1 .5 (1.4))		NII FRIRA IN IR I		18 4 1 II 18 8 1				
City & State City & FL Zip Code City & F	2. Principal P	lace of Business	3. Mailing Address											
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City City City City FL Zip Code City City City City City FL Zip Code City Ci	Suite, Apt. #, etc.		Suite, Apt. #, etc.				•		34 (11/05)					
S. Certificate of Status, Desired Fee Required S. Certificate of Status, Desired Fee Required S. Certificate of Status, Desired Fee Required Service Address of New Registered Agent Sireat							4. FEI Numbe	<i>202390</i> :	575	- 	`			
Name	Zip 		,	Count	try					Fee Required				
BROWN BRENDA T Sage YERKES STREET JACKSONVILLE, FL 32205 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the statement of the statement o		6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered .	Agent					
SIGNATURE City FL Zip Clode	DDOMAL	DENDA T			Name									
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rorida. Tem lamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE BROWN, BRENDAT SIREST ADDRESS CITY-ST-2P Delate ITIE NAME SIREST ADDRESS CITY-ST-2P Delate ITIE Delate Delate ITIE Delate ITIE Delate Delate ITIE Delate Delate ITIE Delate Delate	5364 YERKES STREET				Street Address (P.O. Box Number is Not Acceptable)									
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rorida. Tem lamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE BROWN, BRENDAT SIREST ADDRESS CITY-ST-2P Delate ITIE NAME SIREST ADDRESS CITY-ST-2P Delate ITIE Delate Delate ITIE Delate ITIE Delate Delate ITIE Delate Delate ITIE Delate Delate														
THE HOUSE PARK FL 32005 THE NAME STREET ADDRESS CITY-ST-ZP CHange STREET ADDRESS CITY-ST-ZP CHange STREET ADDRESS CITY-ST-ZP CHange STREET ADDRESS CITY-ST-ZP CHANGES CITY-ST-ZP CHANGE														
After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE BROWN, BRENDA T SIREL ADDRESS OCITY-ST-2IP ORANGE PARK, FL 32005 OTHER ADDRESS OCITY-ST-2IP ITILE MAKE SIREL ADDRESS OCITY-ST-2IP ITILE MAKE SIREL ADDRESS OCITY-ST-2IP ITILE MAKE SIREL ADDRESS OCITY-ST-2IP ITILE MAKE SIREL ADDRESS OCITY-ST-2IP			r the purpose of changing its	registere	ed office or	r eg ister	ed agent, or bo	th, in the State of F	lorida, I am	familiar with,	and accept			
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE Delete TITLE D	SIGNATURE_													
FILE PROWN, BRENDA T Delete TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME STREET ADDRESS CITY-ST-2P CRANGE PARK, FL 32005 TITLE NAME	FILE NOTE: FEE 18 \$ 130:00													
NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADD	10.		DIRECTORS	11.				CHANGES TO OF	FICERS AND		3 IN 11			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STRE		'	□ Delete	THILE		P.S.	τ	4		Change	Addition			
ITILE ITILE ITILE INAME STREET ADDRESS CITY-ST-ZIP ITILE ITILE ITILE ITILE INAME STREET ADDRESS CITY-ST-ZIP ITILE		I -				arn	NN. Brei	nda T						
ITILE ITILE ITILE INAME STREET ADDRESS CITY-ST-ZIP ITILE ITILE ITILE ITILE INAME STREET ADDRESS CITY-ST-ZIP ITILE					et address	5360	1 Yerke	s st						
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET	CITY-ST-ZIP	ORANGE PARK, FL 32005		CITY	-ST-ZIP	Jack	<u>Són ville</u>	e F1320	205					
STREET ADDRESS CITY-ST-ZIP TITLE TI	TITLE		☐ Delete	TITLE				•		Change	☐ Addition			
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE Delete TITLE TIT	NAME			NAM										
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NA	STREET ADDRESS			STRE	ET ADDRESS									
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRES	CITY-ST-ZIP			CITY-	ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	TITLE		☐ Delete	TITLE						Change	☐ Addition			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME			NAME	:					_ ,	_			
ITITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete	STREET ADDRESS			STRE	ET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE RAME RAME RAME RAME NAME NAME RAME RAME NAME NAME RAME NAME NAME RAME NAME NAME RAME RAME NAME NAME RAME NAME NAME RAME RAME NAME NAME RAME RAME NAME NAME RAME RAME NAME NAME RAME NAME RAME RAME RAME NAME RAME NAME RAME RAME NAME RAME	CITY-ST-ZIP			CITY	ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE RAME RAME RAME RAME NAME NAME RAME RAME NAME NAME RAME NAME NAME RAME NAME NAME RAME RAME NAME NAME RAME NAME NAME RAME RAME NAME NAME RAME RAME NAME NAME RAME RAME NAME NAME RAME NAME RAME RAME RAME NAME RAME NAME RAME RAME NAME RAME	TITLE		☐ Delete	TITLE						☐ Change	☐ Addition			
CITY-S1-ZIP TITLE NAME NAME SIREEI ADDRESS CITY-S1-ZIP TITLE TITLE NAME SIREEI ADDRESS CITY-S1-ZIP TITLE TITLE NAME SIREEI ADDRESS CITY-S1-ZIP TITLE NAME SIREEI ADDRESS CITY-S1-ZIP TITLE NAME NAME SIREEI ADDRESS CITY-S1-ZIP TITLE NAME SIREEI ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME SIREEI ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME SIREEI ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NA	NAME			NAME	.					_ •				
ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE ITILE ITILE ITILE INAME STREET ADDRESS CITY-ST-ZIP TITLE ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE IT	STREET ADDRESS			STRE	ET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP			CITY	ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE		☐ Delete	TITLE						Change	Addition			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	NAME									_ •				
NAME STREET ADDRESS CITY-ST-ZIP 12. hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	STREET ADDRESS			STRE	et address									
NAME SIREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	CITY-ST-ZIP			CITY	ST-ZIP									
NAME SIREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	TITLE		☐ Delete	TITLE						☐ Change	☐ Addition			
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	NAME			NAM	<u> </u>					=				
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	STREET ADDRESS			STRE	ET ADDRESS									
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	CITY-ST-ZIP			CITY	ST-ZIP									
	indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director													

404-4120/06 278-4160

of the corporation of the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUMA S. BLOWN, P. H.

BRENDA T. TSROWN, P. PINTED NAME OF SIGNING OFFICER DR DIRECTOR